

## On-Site Evaluator Nomination Form

<b>On-Site Evaluator Name</b>							
<b>Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>County</b>	
<b>Day Telephone</b>				<b>Evening Telephone</b>			
<b>Fax</b>				<b>E-mail</b>			
<b>Occupation</b>							
<b>Age Range (Check one)</b>		18-35 <input type="checkbox"/>	36-50 <input type="checkbox"/>	51-65 <input type="checkbox"/>	Over 65 <input type="checkbox"/>		
<b>Ethnicity</b>							

Please check the boxes that indicate your level of experience in any of the administrative categories below. (Check all of the boxes that apply in any given field of expertise.)

Administrative Experience	Formal Training / Education	Professional Experience	Volunteer Experience
Accounting/Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Admin./Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising/Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations/Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the boxes that indicate your level of experience or involvement in any of the arts disciplines below. (Check all of the boxes that apply in any given discipline.)

Arts Experience	Formal Training / Education	Practicing Artist	Regularly attend events
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folk Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literary Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else you'd like us to know?	
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**Date** \_\_\_\_\_

***Evaluators generally attend and produce a written review of two or more programs each year, including performances, exhibits, workshops or classes, and more.***

Please return this form to: [delarts@state.de.us](mailto:delarts@state.de.us) or mail to [Delaware Division of the Arts](#), 820 N French Street, Wilmington, DE 19801, or fax to (302) 577-6561. You will be notified by email if you are selected to serve as an evaluator.